



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year
Corporation

2025

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 21 2025

BY 029324

1 Entity ID Number 000021361		2 Exact name of the Corporation J & M Diamond Tool, Inc.	
3 Principal Office Address 43 Roger Williams Avenue		City East Providence	State RI
		Zip 02916	
4 NAICS Code 333515	5 Brief description of the character of business conducted in Rhode Island Tool Manufacturing		
5 State of Incorporation RI			
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Leo R. Mongeau		Vice-President Name Richard Mongeau	
Street Address 100 Pequot Road		Street Address 65 Davis Street	
City Pawtucket	State RI	City Seekonk	State MA
Zip 02861		Zip 02771	
Secretary Name Denise L. Drury		Treasurer Name Leo R. Mongeau	
Street Address 10 Cherry Lane		Street Address 100 Pequot Road	
City Rehoboth	State MA	City Pawtucket	State RI
Zip 02769		Zip 02861	
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Leo R. Mongeau		Director Name Pauline M. Mongeau	
Street Address 100 Pequot Road		Street Address 100 Pequot Road	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02861		Zip 02861	
Director Name Denise Drury		Director Name	
Street Address 10 Cherry Lane		Street Address	
City Pawtucket	State RI	City	State
Zip 02861		Zip	
9 Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		10 Shares Issued	
		NUMBER OF SHARES 10,000	CLASS/SERIES Common
		None	
11 This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative Denise L. Drury			Date 2/21/24
Signature of Authorized Representative <i>Denise L. Drury</i>			

MAIL TO:
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Website: www.sos.ri.gov